

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	9/26 2/5/01 03/01
1	✓
2	✓
3	1
4	1
5	✓
6	✓
7	N
8	✓
9	N
10	N
11	✓
12	✓
13	N
14	1
15	✓
16	N
17	✓
18	N
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21	
22	✓
23	✓ N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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